



STATE OF MAINE

Bureau of Insurance

34 State House Station
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Application for Accredited Reinsurance

APPLICATION INSTRUCTIONS CAN ALSO BE FOUND ON OUR WEBSITE: maineinsurancereg.org

Application Date:
1. Name Insurer/Applicant:
2. NAIC Cocode:
3. FEIN/SSN (if none indicate N/A)
4. Business Mailing Address:
5. Legal State
6. Contact person (for billing) Phone # (An Email address is appreciated)
7. Application Contact: (include a phone number. An Email address is appreciated.)

In order for the application to be considered complete the following items must accompany the application form:

1. Application fee for accreditation as reinsurer \$500 Made payable to Treasurer State of Maine.
2. List of at least one or more states the reinsurer is licensed to transact insurance or reinsurance in. In the case of a United States branch of an alien reinsurer, list the port of entry for that reinsurer. *Label as exhibit B*
3. A copy of its annual statement dated December 31 of the preceding year filed with the insurance department of its state of domicile or United States port of entry and a copy of its most recent audited financial statement. The annual statement should be in conventional form and state that the company has \$20 million in Capital and Surplus. The superintendent has the discretion to grant accreditation to an applicant with a surplus less than \$20 million subject to such terms and conditions as the superintendent determines to be necessary and appropriate for the protection of domestic ceding insurers and their policyholders.
4. Complete the attached Certificate of Assuming Insurer (AR-1) and have it signed by an officer of the company. The form should contain a statement that the company agrees to submit to the jurisdiction of the courts of this State and to the authority of the superintendent to examine the Reinsurers books and records.

NOTE: The superintendent may deny, suspend, revoke or place restrictions upon a Reinsurers accreditation, after notice and opportunity for hearing, for failure to comply with the requirements of Title 24-A M.R.S.A. §731-B or for any grounds that would warrant similar action against the certificate of authority of an authorized insurer.

Please be advised the Reinsurer **is not considered accredited** until notified by the Superintendent that it has met all statutory requirements to be considered accredited in Maine

I hereby certify that all written contracts the company has in force with Maine domestic insurers for whom it reinsures contain the minimum provisions required by 24-A M.R.S.A. Chapter 9 §731-B, and contain no provisions contrary to Maine law.

I further certify that in the event any provisions are found to be contrary to Maine laws, those provisions will be null and void.

I further certify that all the information presented herein is true and correct and that I am authorized to sign for and act on behalf of the reinsurer.

Subscribed and sworn to before me, a Notary
Public in and for the county of
_____ this _____ day
of _____ 20____.

Notary Signature

Typed/Printed Name of Notary

My commission expires _____

Signature of Officer

Typed/Printed Name of above Signature

Title

Name of Company

Date

CERTIFICATE OF ASSUMING INSURER

I, _____
(name of officer) (title of officer)
of _____, the assuming insurer under
a _____
(name of assuming insurer)
reinsurance agreement(s) with one or more insurers domiciled in the State of Maine, hereby
certify that _____ ("Assuming Insurer"):
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in the State of Maine or any other State for the adjudication of any issues arising out of the reinsurance agreement(s), agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement(s) to arbitrate their disputes if such an obligation is created in the agreement(s).

2. Designates the Superintendent of Insurance of the State of Maine as its lawful attorney upon who may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement(s) instituted by or on behalf of the ceding insurer.

3. Submits to the authority of the Superintendent of Insurance to examine its books and records and agrees to bear the expense of any such examination.

4. Submits with this form a current list of insurers domiciled in the State of Maine reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Superintendent at least once per calendar quarter.

Dated: _____
(name of assuming insurer)

BY: _____
(name of officer)

(title of officer)